Substitute for form 1449/PTO				Complete if Known		
				Application Number	10/584,025	
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STATEMENT BY APPLICANT				First Named Inventor	Matthew C. Fyfe	
				Art Unit	1626	
(Use as many sheets as necessary)				Examiner Name	S. L. Shterengarts	
Sheet	1	of	1	Attorney Docket Number	41228-NC10009US	

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Examiner	Date	
Signature	Considered	

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.